

recognized, so that they could offer the hospital facilities for sale to the public, just as the surgeons offered their services for such sale, and that the public in buying should be morally and really assured of receiving the full value of their money.

### "RELATION OF THE HOSPITAL TO THE PATIENT."

ADDRESS BY DR. JOHN GALLWEY,  
San Francisco.

(Before American College of Surgeons Hospital Standardization Conference, San Francisco, April 7, 1919.)

The relation of the hospital to the patient, like all human relations, depends upon conditions and circumstances. In normal times, in a metropolis like San Francisco, the patient who enters any of our leading hospitals has a right to expect and receive careful diagnosis, as accurate as modern medical science can make. Following diagnosis the patient is entitled to the best scientific service of the medical and surgical department, pathologic department, laboratory department, nursing department, etc.

The small hospital in the small community can not be expected to give the service or have the equipment or facilities that the metropolitan institution has, but in the fundamentals that constitute safety and care, it should be prepared to give better treatment than is available in the homes of its community.

As a social institution the hospital fills a unique place. The hospital is the host and home for sick guests. A host who would be inattentive to guests enjoying robust health would commit a serious breach of hospitality. If the host neglects a sick guest it is unpardonable. The hospitality of the hospital must be unflinching.

When a hospital receives a patient it is charged with a definite responsibility to surround that patient with devoted and efficient service.

The doctor, the nurse, the superintendent, the entire staff and every available resource must be used to serve the patient. The hospital takes the place of tender mother, solicitous father, sympathetic sister and kind brother. It embraces all the relations.

The reason that the patient leaves home and comes to the hospital is to receive better care than the home can give. More complex than the life of the biggest home is the life of the hospital. And as in the home the particular needs of all are consulted and those who need most receive most so in the hospital.

A theoretical hospital, like a theoretical home, is easily standardized according to theoretical standards, but all the scientific tests that may be invented and applied must be measured by one supreme test—the patient's welfare.

A hospital that is built with any other intention than the good of the patients vitiates the primary purpose of a hospital and starts on the road to failure the day it begins.

No matter how high its standards may be on paper, no matter how up-to-date its laboratories, surgeries, sanitary and sterilization systems, no matter how imposing and beautiful its architecture, no matter how perfect the scientific equipment of the physical plant may be, no matter how expert the methods of economy and management, or how well coordinated its various departments have become through the high administrative ability of the Board combined with executive ability of the Superintendent, no matter how fine the technique or proficient and profound the learning of the medical and surgical staff may be, unless all of these activities are intended, directed and dedicated to the benefit of the patient and the service of the community—they are mere tinkling cymbals.

Unless high standards are accompanied by low

mortality they signify nothing. The relative importance of any form of hospital work is the relation it bears to the patient.

Superior buildings and inferior treatment are as anomalous as the showy homes that are built to attract the admiration of strangers and not intended for the comfort, pleasure and welfare of the families that dwell therein. As the welfare of the patient is the purpose for which hospitals were created and exist, it is obvious that anybody or anything connected with a hospital that does not contribute to or would jeopardize the interests of the patient should be eliminated.

Hospital life must be as free from friction as possible, and no discordant note must disturb the patient. The patient is naturally impatient and the relatives are sensitive. The hospital has a most difficult problem to satisfy both and still render the scientific service that mistaken kindness would invalidate. The kind heart without the wise head is dangerous around the sick bed. The milk of human kindness must be pasteurized, and solicitude must be scientifically systematized.

The patient has a right not only to an atmosphere that is chemically pure but that is full of cheer to buoy up sinking spirits.

Less than fifteen per cent. of those who are under doctor's care are treated in hospitals. No one knows as well as the doctor what a handicap home treatment imposes. No one is more anxious for more hospitals and better hospitals than the doctor.

The affiliation between physicians and surgeons and the hospital cannot be too close, for no one can be more intelligently and intimately interested in improving hospital service than the physicians and surgeons who are dependent upon good hospital facilities and co-operation for the care of their patients.

The improvement of hospital work rests largely with the medical profession, and here in California, through the League for the Conservation of Public Health, the profession has undertaken hospital standardization in a most practical way on a broad, constructive basis. The League's program of standardization is based upon the soundest judgment and will be developed from the combined experience of our physicians and surgeons and practical hospital men and women of high ideals. The activities of the Hospital Section of the League will embrace all that may properly come within the scope of hospital work in its relation to the public, the patient and the physician, and all these varied relations and the practical problems they create, must be viewed in the light of facts, circumstances and conditions if we are to reach practical conclusions.

In measuring the success of a hospital surplus signifies the restoration of many to health and usefulness. What is best for the patient is best for the hospital.

A hospital that lacks an abiding conscientious interest in its patients individually and collectively has a fatal defect.

In the relation of the hospital to the patient we should find the best exemplification of the golden rule. The golden rule is the guiding principle of the true hospital. Treat your patients as you would wish to be treated if you were a patient.

## Memorial Laboratory Dedication

On April 14, 1919, just preceding the annual meeting of the California State Medical Society at Santa Barbara, occurred the dedication exercises of the Memorial Laboratory and Clinic, established in a new wing of the Cottage Hospital of Santa Barbara by Dr. Nathaniel Bowditch Potter.

Mr. Chatfield Taylor, who fitted out for the new

building a modern Heart Room equipped with the latest type of Electrocardiograph and other instruments of precision, introduced the speakers and said in part:

"We are here, as I think you know, to inaugurate the new wing of the Cottage Hospital, which has been dedicated through the generosity of Mr. Billings, Mr. Knapp and Mr. Peabody to the uses of the Memorial Laboratory and Clinic, for the study and treatment of nephritis, gout and diabetes.

"I merely want to say that the building which is being dedicated today was inspired by Dr. Nathaniel Bowditch Potter, and is a monument to him. An ill man himself, he has worked early and late, tirelessly and enthusiastically, for the cause of humanity, under conditions which other men would have failed completely to compass. In fact, I believe it is possible to epitomize such words as represent the finest qualities of the human heart—integrity, courage, zeal and devotion—in that single word 'Potter.'"

Among the speakers was Dr. H. C. Moffitt of San Francisco. Dr. Moffitt said:

"Started in a very modest way to encourage research in chronic diseases on Blackwell's Island in New York, the Carnegie Foundation transplanted this institution here, realizing that true research lies in the quality of men, and that research can be transplanted safely from the shores of an eastern ocean to the shores of a western ocean, provided the man who does it moves here.

"It is an extremely happy omen in my mind that here the clinic and the research develop together. And it is a happy thing, if I might also say, that the problems of the investigator are to come primarily from the clinic. We are reminded in the work to be done here of the similar work that is being done in the hospital of the Rockefeller Foundation, in the hospital of the Johns Hopkins University, in the Massachusetts General Hospital, in the Peter Bent Brigham Hospital in Boston, in the Sprague Institute in Chicago, and in the Hooper Foundation of the University of California Medical School in San Francisco. The field here will naturally be somewhat limited. Problems of research in pure chemistry or pure physics will naturally be transplanted elsewhere. But in limiting the field, there is naturally likewise a tremendous advantage. It is a fortunate decision of the founders that the work in the clinic will be most intense in the study of chronic diseases; and it is a wise decision, above all, that the interest of the workers is to be with the man who is sick with the disease, rather than with the abstract disease itself. It was a relief to know that the benefits which come from a rightly run hospital and from wisely planned investigation are here to be limited to no one class of individuals. It is only through dealing with all kinds of people, with all sorts of varying factors in their habits, in their work and play, in their nutrition, in their hopes, ambitions and sorrows, that all-round clinicians can be developed and research problems of chronic disease properly appreciated.

"In the rapid development of medical teaching, we have drifted away from the clinic as the main source of enthusiasm and inspiration. We are developing groups of instructors instead of great teachers. We are developing so-called group medicine at the expense of the individuality and personality of the great clinicians and the great teachers of former times. You remember what Dr. Bull of New York was in surgery, and what Dr. Peabody of New York and Dr. Favill of Chicago were in medicine. We of the Pacific Coast love to remember that wise physician and friend of all the world, Dr. William Watt Kerr of San Francisco. Dr. Potter was speaking only today of the wonderful influence of such men as Sir William Osler, Dr. Fred Shattuck of Boston and Dr. Frank Billings of Chicago.

"What words have we, however, for a man who goes on fighting when he knows the odds are all

against him—yes, even when he knows they are hopeless odds? We doctors love the men of our profession who toil in the harness, when sick in body and when sick in heart. Courage, enthusiasm, strength of will, the spirit undaunted, love of his profession, love of mankind—these indeed are imperishable qualities to bring to your Foundation.

"Members of the Foundation, it is a great thing that in your director you have chosen a wise physician, but it is a greater thing that you have chosen a man."

The new building is being rapidly furnished and will be ready for occupancy within a fortnight. In addition to the Hydrotherapeutic establishment, the cardiac room and a very complete modern diet kitchen, the chemical, bio-chemical, bacteriologic and clinical pathological laboratories, each and all fully and modernly equipped, there are fourteen beds. Some of the ward beds have already been endowed, so that Dr. Potter is now able to offer to the deserving sick poor, suitably recommended by their physicians, who reside outside of Santa Barbara, free services and free accommodations as well.

#### NEW MEMBERS.

Phillips, Alfred, Santa Cruz.  
Thompson, Harry D., San Francisco.  
Sharpe, O. A., San Francisco.  
McQuade, John, San Francisco.  
Smith, Walter E., San Francisco.  
Moore, Wm. Leander, San Francisco.  
Sheldon, Daniel W., Perris, Cal.  
Willis, H. L., Stockton.  
Haight, L., Stockton.  
Watson, H. A., Los Angeles.  
Magee, A. Claude, Los Angeles.  
Laton, George P., Los Angeles.  
Turley, Frances C., Los Angeles.  
Krebs, L. L., Pasadena.  
Glenn, T. H., Los Angeles.  
Shea, J. Russell, Los Angeles.  
Edgerton, H. W., Pomona.  
Bowman, Ross, Huntington Park.  
Caseley, W. N., Long Beach.  
Hall, John F., Alhambra.  
Franklin, J. W., Los Angeles.

#### TRANSFERRED.

Thorner, Moses, from Los Angeles County to Santa Barbara.  
Baird, Harry R., from Yuba County to Sacramento County.

#### DEATHS

Riehl, F. W. F., a graduate of Frederick William University of Prussia, 1867. Licensed in California in 1876. Died in Alameda, Calif., May 21, 1919.

Robinson, T. C., a graduate of Hahnemann Medical College, San Francisco, 1902. Licensed since 1902. Died in Long Beach, April 2, 1919.

Bishop, Herbert Martin, a graduate of Yale University, 1865. Licensed here in 1892. Died in Los Angeles, April 23, 1919.

Ellis, J. W., a graduate of the New York University, New York, 1884. Licensed in California 1884. Died in San Jose March 3, 1919.

Ford, James C., a graduate of Medical Department of University of Missouri, 1859. Licensed in California in 1888. Died in Santa Cruz, California, February 12, 1919.

Squire, W. W., a graduate of Hahnemann Medical College, Chicago, 1876. Licensed in California, 1900. Died in Tulare, Cal., May 17, 1919.

Sperry, Mary A., a graduate from Women's Medical College, Pennsylvania, 1890. Licensed in California, 1892. A member of the Medical Society of State of California, San Francisco Center of the California Civic League, The Business and Professional Women's Club and the Society of Women Physicians. Died in San Francisco, May 7, 1919.